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E.O. 11652: N/A

TAGS: CCMS, SENV

SUBJ: CCMS: FALL PLENARY - ADVANCED HEALTH CARE REPORT

REF: STATE 226306

SUMMARY: DR. ROGER EGEBERG (US) PRESENTED THE
REPORT ON THE FOUR SUBPROJECTS OF THE ADVANCED HEALTH CARE PILOT
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STUDY. THE REPORTS ON SYSTEMATIC ASSESSMENT OF HEALTH CARE
SERVICES, AND ORGANIZED AMBULATORY HEALTH SERVICES, WERE PRE-
VIOUSLY CIRCULATED TO PARTICIPATING GOVERNMENTS IN FINAL DRAFT
AND SYSTEMATIC ASSESSMENT AND ORGANIZED AMBULATORY HEALTH

SERVICES HAD BEEN ALREADY TRANSLATED INTO FRENCH. THE OTHER TWO ARE IN THE PROCESS OF TRANSLATION. AFTER COMMENT BY ALL COUNTRIES, THEY WILL BE FORMALLY ACCEPTED AT THE NEXT PLENARY SESSION. THE PROJECT GROUPS PLAN TO CONTINUE THEIR INFORMATION EXCHANGE THROUGH BILATERAL AND MULTILATERAL MEETINGS AND CORRESPONDENCE. END SUMMARY.

1. SYSTEMATIC ASSESSMENT OF HEALTH CARE (LED BY CANADA): COMPLETION OF THIS PROJECT HAD BEEN REPORTED AT THE LAST PLENARY. THE PROBLEMS STUDIED BY THIS GROUP WILL BE OF INCREASING IMPORTANCE WITH RESPECT TO THE QUALITY AND ECONOMY OF CARE AS THIRD PARTY PAYMENT OF COSTS BECOMES WIDESPREAD. BECAUSE THESE PROBLEMS ARE GREATLY INFLUENCED BY THE STRUCTURE OF RATIONAL HEALTH PROGRAMS, PARTICIPANTS FELT THAT BILATERAL OR TRIPARTITE MEETINGS WOULD BE THE MOST USEFUL WAY TO EXCHANGE INFO ON RELEVANT EXPERIENCES IN THE FUTURE.

2. AUTOMATION OF CLINICAL LABORATORIES (LED BY UK): THIS SUB-GROUP WAS CONCEIVED IN FLORENCE IN 1971, WHERE FOUR ISSUES WERE IDENTIFIED: (1) DESIGNING IMPROVED AUTOMATED METHODS FOR ACCURATE, SENSITIVE, RAPID AND RELIABLE ANALYSES; (2) DESIGNING AND TESTING A SUITABLE COMPUTER SYSTEM FOR MONITORING THE AUTOMATED SYSTEM, TO CONTROL QUALITY AND REPORT RESULTS IN USEFUL FORMATS; (3) IDENTIFYING THE PROFILE OF PARTICULAR VALIDITY IN THE DIAGNOSIS AND MONITORING OF DISEASES AND OF THERAPY; AND, (4) STUDYING COST-EFFECTIVENESS FOR DEPLOYING AUTOMATED CLINICAL LABORATORY EQUIPMENT, I.E., ISSUES OF CENTRALIZATION, REGIONALIZATION AND SHARING OF SERVICES AMONG SEVERAL INSTITUTIONS. AT THE LAST OF FOUR MEETINGS, THREE STRONG RECOMMENDATIONS WERE MADE AND 16 PROJECTS RELATED TO AUTOMATION OF CLINICAL LABORATORIES WERE IDENTIFIED FOR FUTURE DISCUSSION, THE THREE PROJECTS WHICH THE GROUP FELT PARTICULARLY IMPORTANT WERE: (1) DEVELOPMENT OF A STANDARD REFERENCE METHOD FOR IRON TO UPGRADE THE ACCURACY OF ALL LABORATORY PROCEDURES; (2) ESTABLISHMENT OF A BIBLIOGRAPHY WHICH WOULD CONTAIN CURRENT CITATIONS ON AUTOMATION AND THE USE OF COMPUTERS IN THE CLINICAL LABORATORY; (3) CONTINUATION OF ANNUAL MEETINGS TO KEEP ABREAST OF THIS UNCLASSIFIED

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RAPIDLY DEVELOPING FIELD.

3. EMERGENCY MEDICAL SERVICES; (LED BY ITALY, PORTUGAL AND US): THE EMS GROUP HELD FIVE MEETINGS BETWEEN 1971 AND 1975, CULMINATING IN AN EXTREMELY SUCCESSFUL SESSION AT MUNICH IN MAY OF THIS YEAR, ATTENDED BY 15 COUNTRIES AND THE INTERNATIONAL RED CROSS. IT WAS AGREED THAT THERE ARE FOUR ESSENTIAL ELEMENTS NECESSARY TO A VIABLE EMERGENCY MEDICAL SYSTEM. IF THESE WERE ALWAYS CONSIDERED AS A GROUP AND NOT INDIVIDUALLY, THE PARTICIPANTS FELT THAT ORDER COULD BE BROUGHT TO THE DELIVERY OF SUCH SERVICES WHETHER ADAPTED TO LOCAL, REGIONAL, OR NATIONAL LEVELS. THESE FOUR ELEMENTS ARE: (1) DETECTION - I.E., RECOGNITION AND ASSESSMENT OF AN UNFORESEEN INJURIOUS HEALTH

EVENT; (2) NOTIFICATION AND COORDINATION WHICH WOULD ENTAIL THE CALL FOR HELP AND COMMUNICATION WITH AMBULANCE SERVICE AND HOSPITAL, AND BETWEEN THESE TWO; (3) ORGANIZATION OF THE MES SYSTEM INCLUDING PARTICIPATION, PERFORMANCE AND TRAINING OF ALL KEY ORGANIZATIONS AND PEOPLE INVOLVED IN THE SYSTEM; AND(4) THE EMERGENCY MEDICAL TREATMENT, I.E., THE PROVISION OF EMERGENCY MEDICAL TREATMENT THAT WILL INCREASE THE CHANCE FOR SURVIVAL AND MINIMIZE THE EFFECTS OF INJURY OR ILLNESS. IN ORDER TO BRING AN INCREASING NUMBER OF ORGANIZATIONS INTO GENERAL CONFORMITY, THE FOLLOWING MAJOR METHODS WERE SUGGESTED: (1) TRAINING OF MEDICAL PERSONNEL; (2) UPGRADING OF TRANSPORTATION VEHICLES AND EMERGENCY EQUIPMENT; (3) IMPROVEMENT OF COMMUNICATIONS, AND (4) THE TRAINING OF THE GENERAL PUBLIC ON HOW TO USE THE EMS SYSTEM. THE INTEREST OF THE GROUP IS HIGH AND THEIR PLANS FOR THE FUTURE WOULD INDICATE THAT WORK IN THIS FIELD GAINED GREAT MOMENTUM THROUGH THE CCMS PILOT STUDY. PLANS CALL FOR FOLLOW-UP MEETINGS IN THE US (1976), FRANCE (1977), AND NORWAY (1978).

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4. ORGANIZED AMBULATORY HEALTH SERVICES (LED BY FRG): HOSPITAL CARE IS THE MOST EXPENSIVE FORM OF HEALTH CARE DELIVERY. MANY PATIENTS WHO COULD BE DIAGNOSED OR CARED FOR OUTSIDE OF THE HOSPITAL ARE ADMITTED TO HOSPITALS BECAUSE OF LONG-ESTABLISHED HEALTH CARE PATTERNS; ACTUALLY THESE PEOPLE COULD BE TAKEN CARE OF AS WELL OR BETTER ON THE OUTSIDE. ENCOURAGING EMBULATORY CARE HAS REQUIRED MUCH EFFORT, EDUCATION, ORGANIZATION, AND OFTEN UNCLASSIFIED

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REGULATION. THE PILOT STUDY CONSISTED OF VISITS, WITH STUDY IN-DEPTH OF ONE OR MORE INSTALLATIONS IN BELGIUM, FRANCE, ITALY, THE UK AND THE US. BROADLY, THE FOLLOWING ISSUES WERE IDENTIFIED AS SIGNIFICANT IN THIS QUESTION OF AMBULATORY CARE WITH RESPECT TO THE TOTAL COST OF HEALTH AND RELATED SERVICES: (1) ALLOCATION OF THE PHYSICIAN MANPOWER BETWEEN AMBULATORY HEALTH SERVICE AND SPECIAL DIAGNOSTIC AND THERAPEUTIC SERVICES USUALLY IN HOSPITAL; (2) GEOGRAPHIC DISTRIBUTION OF ORGANIZED HEALTH SERVICES IN RELATION TO THE DEFINITE NEEDS OF THE GENERAL POPULATION. DESPITE IDENTICAL HEALTH POLICY OBJECTIVES, IT WAS FOUND THAT THE STRUCTURE OF HEALTH DELIVERY VARIES WIDELY FROM COUNTRY TO COUNTRY AND IS BASED ON DIFFERENT PRINCIPLES AND BELIEFS. FOR THIS REASON IT WAS DIFFICULT TO APPLY DIRECTLY ONE UNIFORM METHOD FROM ONE COUNTRY TO ANOTHER; HOWEVER, TH PROJECT PROVIDED INVALUABLE STIMULUS TO NEW IDEAS, RESULTING FROM COMPARISON AND INTERACTION OF THESE NATIONAL SYSTEMS.

5. IN THE DISCUSSIONS ON EMS, DR. SANTOS MOTA (PORTUGAL) PROVIDED A DETAILED DESCRIPTION OF THE RECOMMENDATIONS ADOPTED AT MUNICH, ON BEHALF OF HIS COUNTRY AS ONE OF THE PROJECT LEADERS. MR. FESQUET (FRANCE) ISSUED AN INVITATION ON BEHALF OF HE FRENCH MINISTRY OF HEALTH TO AN EMS FOLLOW-UP MEETING IN MONTPELLIER AND TOULOUSE IN 1977. DELEGATES WILL HAVE AN OPPORTUNITY TO VISIT THE SAMU (SERVICE D'AIDES MEDICAUX D'URGENCE) SYSTEM, FRANCE'S EMS NETWORK. DR. EGEBERG WELCOMED THE FRENCH INVITATION, AND REITERATED THE INVITATION EXTENDED BY THE UNITED STATES AT MUNICH TO HOLD THE FIRST EMS FOLLOW-UP MEETING IN THE WASHINGTON, D. C. AREA IN MAY, 1976.

6. DR. MURRAY (CANADA) THANKED ALL PARTICIPANTS FOR THEIR CONTRIBUTIONS TO THE SYSTEMATIC ASSESSMENT PROJECT. HE REAFFIRMED ITS CONCLUSION THAT BILATERAL OR TRIPARTITE EXCHANGES WOULD CARRY FORWARD THE WORK OF THIS PROJECT.

7. DR. VON MANGER-KOENIG (FRG) DESCRIBED THE EVOLUTION OF THE ORGANIZED AMBULATORY HEALTH SERVICES PROJECT FROM A NARROW FOCUS ON A HIGHLY DEVELOPED SINGLE PROGRAM SUCH AS THE KAISER FOUNDATION, OAKLAND, CALIF., TO A BROADER EFFORT AT LOCAL, REGIONAL, AND NATIONAL PLANNING. THE FRG'S PARTICIPATION HAS RESULTED IN THE DRAWING UP OF CAREFUL GUIDELINES IN THAT COUNTRY.

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8. IN CONCLUSION, DR. EGEBERG REAFFIRMED THAT COMMENTS ON THE
CIRCULATED PROJECT REPORTS SHOULD BE MADE BY PARTICIPANTS ASAP,
AND THAT THE OVERALL PILOT STUDY WOULD BE FORMALLY SUBMITTED
TO THE SPRING, 1976 CCMS PLENARY FOR APPROVAL.
STREATOR

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